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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

First Named Inventor

WILLIAM FIENUP

COMPLETE IF KNOWN

Application Number

10/849,189

Filing Date

05/20/2004

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADHESIVE BANDAGE DISPENSER SYSTEM

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

05/20/2004

as United States Application Number or PCT International

Application Number

10/849,189

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> OR <input checked="" type="checkbox"/> Correspondence address below			
Name <i>Christopher M. Fadden</i>			
Address <i>24 Portsmouth St.</i>			
City <i>Cambridge</i>		State <i>MA</i>	ZIP <i>02141</i>
Country <i>USA</i>	Telephone <i>617-413-9635</i>	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <i>William</i>		Family Name or Surname <i>Fienup</i>	
Inventor's Signature <i>William F Fienup</i>		Date <i>Sep 13, 2004</i>	
Residence: City <i>Cambridge</i>	State <i>MA</i>	Country <i>USA</i>	Citizenship <i>US</i>
Mailing Address <i>233 Massachusetts Ave</i>			
City <i>Cambridge</i>	State <i>MA</i>	ZIP <i>02139</i>	Country <i>USA</i>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <i>John</i>		Family Name or Surname <i>Chao</i>	
Inventor's Signature <i>J Chao</i>		Date <i>Sep 13, 2004</i>	
Residence: City <i>Houston</i>	State <i>TX</i>	Country <i>USA</i>	Citizenship <i>US</i>
Mailing Address <i>3970 Inverness</i>			
City <i>Houston</i>	State <i>TX</i>	ZIP <i>77019</i>	Country <i>USA</i>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the <u>2</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Paula		Echeverri	
Inventor's Signature Paula Echeverri		Date Sep 13, 04	
Residence: City Cambridge	State MA	Country USA	Citizenship Colombia
Mailing Address 428 Memorial Dr.			
Mailing Address			
City Cambridge	State MA	Zip 02139	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Brian		Hennessey	
Inventor's Signature B H		Date Sep 13, 04	
Residence: City New York	State NY	Country USA	Citizenship US
Mailing Address 119 East 96th St. Apt 3			
Mailing Address			
City New York	State NY	Zip 10128	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Christopher		McFadden	
Inventor's Signature Christopher McFadden		Date Sep 13, 04	
Residence: City Cambridge	State MA	Country USA	Citizenship US
Mailing Address 24 Dorsetmouth St.			
Mailing Address			
City Cambridge	State MA	Zip 02141	Country USA

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
	Page <u>2</u> of <u>2</u>

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Frances		Rivera-Myers	
Inventor's Signature <u>Frances Rivera-Myers</u>		Date <u>Sep 13, 04</u>	
Residence: City <u>Providence</u>	State <u>RI</u>	Country <u>USA</u>	Citizenship <u>US</u>
Mailing Address <u>RISD/ 2 College St. #1669</u>			
Mailing Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	Country <u>USA</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Andrey		Slivinskiy	
Inventor's Signature <u>[Signature]</u>		Date <u>Sep 13, 04</u>	
Residence: City <u>Cambridge</u>	State <u>MA</u>	Country <u>USA</u>	Ukraine Citizenship
Mailing Address <u>550 Memorial Dr.</u>			
Mailing Address			
City <u>Cambridge</u>	State <u>MA</u>	Zip <u>02139</u>	Country <u>USA</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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